

CJA 31 DEATH PENALTY PROCEEDINGS: EX PARTE REQUEST FOR AUTHORIZATION AND VOUCHER EXPERT AND OTHER SERVICES (5-99)

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| 1. CIR./DIST./ DIV. CODE | | 2. PERSON REPRESENTED | | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER | | 5. APPEALS DKT./DEF. NUMBER | | 6. OTHER DKT. NUMBER |
| 7. IN CASE/MATTER OF <i>(Case Name)</i> | | 8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other: _____ <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee _____ | | 9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify) _____ | | |
| 10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> | | | | | | |
| REQUEST AND AUTHORIZATION FOR EXPERT SERVICES | | | | | | |
| 11. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. <i>(See Instructions)</i> Signature of Attorney _____ Date _____ <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization </div> ATTORNEY'S NAME <i>(First Name, M.I., Last Name, including any suffix)</i> , AND MAILING ADDRESS _____ <div style="text-align: right;">Telephone Number: _____</div> | | | | | | |
| 12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES <i>(See Instructions)</i> 14. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | 13. TYPE OF SERVICE PROVIDER <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner </div> <div style="width: 50%;"> 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer <i>(Hardware/Software/Systems)</i> 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services <i>(See Instructions)</i> 24 <input type="checkbox"/> Other <i>(Specify)</i> _____ </div> </div> | | |
| | | | | 15. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 16 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding. <div style="display: flex; justify-content: space-between;"> <div> CAPITAL PROSECUTION a. <input type="checkbox"/> Pre-Trial e. <input type="checkbox"/> Appeal b. <input type="checkbox"/> Trial f. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari c. <input type="checkbox"/> Sentencing d. <input type="checkbox"/> Other Post Trial </div> <div> HABEAS CORPUS g. <input type="checkbox"/> Habeas Petition k. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari h. <input type="checkbox"/> Evidentiary Hearing i. <input type="checkbox"/> Dispositive Motions j. <input type="checkbox"/> Appeal </div> <div> OTHER PROCEEDING l. <input type="checkbox"/> Stay of Execution o. <input type="checkbox"/> Other m. <input type="checkbox"/> Appeal of Denial of Stay n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay </div> </div> | | |
| CLAIM FOR SERVICES AND EXPENSES | | | | FOR COURT USE ONLY | | |
| 16. SERVICES AND EXPENSES <i>(Attach itemization of services with dates)</i> | | AMOUNT CLAIMED | | MATH/TECHNICAL ADJUSTED AMOUNT | | ADDITIONAL REVIEW |
| a. Compensation | | | | | | |
| b. Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i> | | | | | | |
| c. Other Expenses | | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | | | |
| 17. PAYEE'S NAME <i>(First Name, M.I., Last Name, including any suffix)</i> , AND MAILING ADDRESS _____ <div style="text-align: right;">TIN: _____</div> <div style="text-align: right;">Telephone Number: _____</div> | | | | | | |
| CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment <i>(compensation or anything of value)</i> from any other source for these services. Signature of Claimant/Payee _____ Date _____ | | | | | | |
| 18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney _____ Date _____ | | | | | | |
| APPROVED FOR PAYMENT – COURT'S USE ONLY | | | | | | |
| 19. TOTAL COMPENSATION | | 20. TRAVEL EXPENSES | | 21. OTHER EXPENSES | | 22. TOTAL AMOUNT APPROVED/CERTIFIED |
| | | | | | | |
| 23. <input type="checkbox"/> Either the cost <i>(excluding expenses)</i> of these services does not exceed \$300, or prior authorization was obtained; OR <input type="checkbox"/> In the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost <i>(excluding expenses)</i> exceeds \$300. <div style="display: flex; justify-content: space-between;"> <div>Signature of Presiding Judicial Officer _____</div> <div>Date _____</div> <div>Judge/Mag. Judge Code _____</div> </div> | | | | | | |
| 24. TOTAL COMPENSATION | | 25. TRAVEL EXPENSES | | 26. OTHER EXPENSES | | 27. TOTAL AMOUNT APPROVED |
| | | | | | | |
| 28. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996, A. Total compensation and expense payments approved to date (include amounts withheld for interim payments) for investigative, expert and other services for this representation is \$ _____ B. Payment approved (compensation and expenses) in excess of the statutory threshold for investigative, expert and other services under 21 U.S.C. § 848(q)(10)(B). <div style="display: flex; justify-content: space-between;"> <div>Signature of Chief Judge, Court of Appeals (or Delegate) _____</div> <div>Date _____</div> <div>Judge Code _____</div> </div> | | | | | | |